



Office Use Only

_____/_____/_____
 intl. / date
 _____/_____/_____
 intl. / date

CUSTOMER CLAIM/SERVICE FORM

Date: _____ / _____ / _____ Claim #: _____

Company Name and Account Number: _____

Phone #: (_____) _____ - _____ ext. _____ Person Reporting Claim: _____

Attach a copy of the invoice to this form!

Original Invoice #: _____ Invoice Date: _____

ITEM No.	QTY	DETAILED DESCRIPTION OF CLAIM
_____	_____	_____
_____	_____	_____
_____	_____	_____

Email pictures of damaged or defective item(s) to parts@snaimports.com

FOR OFFICE USE ONLY:

Notes: _____

 _____ Claim Received by: _____

- Manufacturing Defect:** Under Warranty: Yes No
- Freight Damage:** Freight Company: _____
 Is damage noted on freight bill? Yes No Faxed in? Yes No
- Others:** _____

REPLACEMENT

- Yes** Sales Order #: _____ Date: _____
 Invoice #: _____ Date: _____
- No** Reason (if applicable): _____

RETURN MERCHANDISE AUTHORIZATION

- Yes** RMA #: _____ Issue Date: _____
 Credit Memo #: _____ Issue Date: _____
- No** Reason (if applicable): _____

SOLUTIONS / COMMENTS:

